

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>THE CONSERVATIVE STRIKEFORCE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00457291	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> </div>	

Full Name of Payee <b>ACTIVE ENGAGEMENT LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350			Amount 10212.00	
City LANSDOWNE	State VA	Zip Code 20176	Transaction ID : SE.83149	
Purpose of Expenditure VOTER CONTACT eMAILS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 14887.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>STRATEGIC CAMPAIGN GROUP INC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 4600 N FAIRFAX DRIVE SUITE 802			Amount 11200.00	
City ARLINGTON	State VA	Zip Code 22203	Transaction ID : SE.83150	
Purpose of Expenditure VOTER CONTACT eMAILS - LISTS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 26087.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	21412.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	21412.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

 MM / DD / YYYY  
 09 / 25 / 2014

Signature